

**Norridge Police Department**  
**Accident Review Board**

Date Assigned	Member	Present	Excused	Unexcused
5/1/2003	Officer Malicki	X		
7/15/2016	Corporal Wendt	X		
10/01/2016	Officer Smith	X		
6/28/2017	Sergeant Rice	X		
07/01/18	Officer Ljubicic	X		

Review Date: 2/11/2019

M/V Crash Incident Number: 19-001215

Officer: Officer Boik #41

Squad: #518

**1. Classification I**

- a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

**2. Classification II**

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
  - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
  - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
  - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

**Recommendation:** The board unanimously agreed on 2a.

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

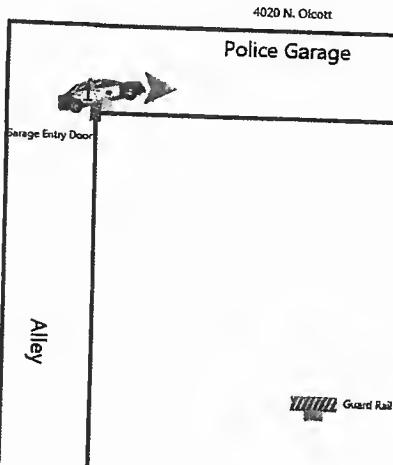


\* X001447353 \*

DRAG <b>1</b> U1	PEDV U1	TRFD <b>1</b> U1	TRFC <b>1</b> U1	WEAT <b>2</b> U1	DRV A <b>99</b> U1	VIS U1	VEHD U1	U	LGH T <b>5</b> U	COLL <b>7</b> U1	MANV U1	U	PPA U1	U	PPL U1	U							
INVESTIGATING AGENCY <b>Norridge Police Department</b>					DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY				<input checked="" type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500			<b>TYPE OF REPORT</b> <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED			<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash			AGENCY CRASH REPORT NO. <b>19-001215</b>			TRFW <b>13</b>		
ADDRESS NO. <b>4020</b>		HIGHWAY OR STREET NAME <b>N OLcott AVE</b>						<input checked="" type="checkbox"/> City <b>NORRIDGE</b> <input type="checkbox"/> Township			INTERSECTION RELATED <b>NORRIDGE</b>		DATE OF CRASH <b>2/7/2019</b>		TIME <b>4:44</b>		LARS CODE		VEHT <b>15</b> U1				
(CIRCLE) FT / MI    (CIRCLE) N S E W <input type="checkbox"/> AT INTERSECTION WITH    (NAME OF INTERSECTION OR ROAD FEATURE)								<input checked="" type="checkbox"/> County <b>COOK</b>			PRIVATE PROPERTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CIRCLE DAY OF WEEK SU MO TU WE TH FR SA		NUMBER MOTOR VEHICLES INVLD <b>1</b>		LARS CODE		U				
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED-NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV <b>BOIK, STEPHEN M</b>								DATE OF BIRTH mo / day / yr			MAKE <b>FORD</b> MODEL <b>EXPLORER</b> YEAR <b>2014</b>			CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>4</b>			FRONT  REAR		Y N <b>1</b>				
STREET ADDRESS <b>[REDACTED]</b>								SEX <b>M</b> SAFT <b>2</b> AIR <b>4</b>			PLATE NO. <b>MP10920</b> STATE <b>IL</b> YEAR <b>2013</b>			TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input type="checkbox"/> HAZMAT SPILL <input type="checkbox"/> COM VEH			* IF YES SEE SIDEBAR		ALIGN <b>1</b>				
CITY <b>[REDACTED]</b> STATE <b>IL</b> ZIP <b>60191</b>								INJURY <b>O</b> EJECT <b>1</b>			VIN <b>1FM5K8AR4EGC26001</b>								RSUR <b>2</b>				
TELEPHONE <b>(708) 453-4770</b>				DRIVER LICENSE NO. <b>[REDACTED]</b>				STATE <b>IL</b> CLASS <b>D</b>			VEHICLE OWNER (LAST, FIRST, M.I.) <b>VILLAGE OF NORRIDGE</b>			INSURANCE CO. <b>Mesirow Insurance Services</b>			VEHU <b>6</b> U1						
TAKEN TO								EMS AGENCY								OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>4000 N OLcott NORRIDGE, IL, 60706</b>			TELEPHONE <b>(708) 453-0800</b> POLICY NO. <b>BGA30005407</b>				
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED-NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV								DATE OF BIRTH mo / day / yr			MAKE <input type="checkbox"/> SAFT <input type="checkbox"/> AIR			MODEL PLATE NO. STATE YEAR			CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>4</b>			FRONT  REAR		Y N <b>1</b>	
STREET ADDRESS <b>[REDACTED]</b>								SEX <b>M</b> SAFT <b>2</b> AIR <b>4</b>			STATE						TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input type="checkbox"/> HAZMAT SPILL <input type="checkbox"/> COM VEH		RDEF <b>1</b>				
CITY <b>[REDACTED]</b> STATE <b>IL</b> ZIP <b>60706</b>								INJURY <b>O</b> EJECT <b>1</b>			VIN								BAC <b>96</b> U1				
TELEPHONE								DRIVER LICENSE NO.				STATE <b>IL</b> CLASS <b>D</b>			VEHICLE OWNER (LAST, FIRST, M.I.) <b>VILLAGE OF NORRIDGE</b>			INSURANCE CO.					
TAKEN TO								EMS AGENCY								OWNER ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE		POLICY NO.		U
(UNIT) <b>1</b> (SEAT) <b>1</b> (DOB) <b>20</b> (SEX) <b>M</b> (SAFT) <b>2</b> (AIR) <b>4</b> (INJ) <b>O</b> (EJCT) <b>1</b>								PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)								(HOSP)			(EMS)		NO. OCCS <b>1</b> U1		
(EVNO) <b>1</b> (MOST) <b>20</b> (EVNT) <b>5</b> (LOC)								DAMAGED PROPERTY OWNER NAME <b>VILLAGE OF NORRIDGE</b>								DAMAGED PROPERTY <b>PARKING GUARD RAIL</b>			CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT		
PROPERTY OWNER ADDRESS <b>4020 N OLcott</b>								CITY <b>NORRIDGE</b>			STATE <b>IL</b>			ZIP <b>60706</b>		PRIMARY <b>18</b>		10					
ARREST NAME								SECTION			CITATION NO.			SECONDARY <b>99</b>		IY002							
ARREST NAME								SECTION			CITATION NO.			DATE POLICE NOTIFIED <b>2/7/2019</b>		TIME NOTIFIED <b>4:45</b>	AM PM						
OFFICER ID. <b>5202</b>								SIGNATURE <b>Nicholas Rice</b>				BEAT / OIST.		SUPERVISOR ID. <b>Anthony Pekar, 5206</b>		COURT DATE		COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM					

X001447353

A Diagram and Narrative are required on all Type B crashes,  
even if units have been moved prior to the officer's arrival.



## NARRATIVE (Refer to vehicle by Unit No.)

On 2/7/19, at 0444 hours, I was informed of a motor vehicle accident that occurred at the Norridge Police Department parking garage, 4020 N. Olcott. Upon speaking the driver of Unit #1 I learned the following:

Driver of Unit #1 stated he reversed southbound from a parking space into the alley that leads to the parking garage. Unit #1 then proceeded forward (Northbound) veering to the right and in the process the passenger's side door made contact with the yellow parking guard rail causing damage. The guard rail that was struck was located on the south wall east of the garage overhead door. Unit #1 was attempting to exit the police garage onto Olcott Ave at the time accident.

No EMS. No TOW.

## LOCAL USE ONLY

Motorist 1 Report No:

N 41.9534

Motorist Report No:

W -87.8146

U1 Color: **Black**

U Color:

U1 Towed by / to:

U1 Race:

U Race:

U Towed by / to:

## COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A  
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT \_\_\_\_\_

CARRIER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

USDOT NO. \_\_\_\_\_ ILLCC NO. \_\_\_\_\_

Source of above info.  Side of Truck  Papers  Driver  Log Book

Gross Vehicle Weight Rating (GVWR). \_\_\_\_\_

Were HAZMAT placards displayed on the vehicle?  Yes  No

If yes, name on placard \_\_\_\_\_

4-Digit UN no. \_\_\_\_\_ 1-digit Hazard Class no. \_\_\_\_\_

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank)?  Yes  No  UnknownDid HAZMAT Regulations violation contribute to the crash?  Yes  No  UnknownDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash?  Yes  No  Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT  Yes  No  Unk Out of Service?  Yes  NoMCS  Yes  No  Unk Out of Service?  Yes  No

Form No. \_\_\_\_\_

IDOT PERMIT NO. \_\_\_\_\_ WIDE LOAD?  Yes  NoTRAILER WIDTH(S): 0-96"  97-102"  >102"

TRAILER LENGTH(S): 1 \_\_\_\_\_ ft TRAILER 2 \_\_\_\_\_ ft

TOTAL VEHICLE LENGTH \_\_\_\_\_ ft NO. OF AXLES \_\_\_\_\_

CRASH LOCATION:  CITY OF OR  NEAREST CITY

MILES N E S W OR \_\_\_\_\_ CIRCLE ONE CITY NAME \_\_\_\_\_

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION \_\_\_\_\_

CARGO BODY TYPE \_\_\_\_\_

LOAD TYPE \_\_\_\_\_



# NORRIDGE POLICE DEPARTMENT



## Employee Warning Notice

Name: Steven Boik Star #: 41 Date: February 13, 2018

TYPE OF VIOLATION				
Attendance	Carelessness	Insubordination		Late Arrival/Early Quit
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment		Personal Business While on Duty
Unsatisfactory Work Performance	Violations of Policy/Procedure	X Motor Vehicle Crash		Missing a Court Date

Date of Violation: February 7, 2019 Time of Violation: 4:44 AM

### DESCRIPTION OF VIOLATION:

Officer Boik while working patrol in marked Norridge Police unit 518 sideswiped a door protector in the police garage. The accident review board found Boik's crash to be classification 2A. The employee failed to exercise reasonable and due care. Per General order 14-04 (A-22). The very first incident of record for the employee in a rolling 24 month period a letter of reprimand will be issued.

### OFFICER'S STATEMENT:

I agree with the above description  I disagree with the above description

My reason is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officer's Signature

41  
Star #

2/17/19  
Date

ACTION TAKEN		DATE	SUPERVISOR NAME & STAR
	Verbal Warning		
X	Written Warning	<u>2/17/19</u>	NICHOLAS RICE #202
	Disciplinary Write-up		

### CONSEQUENCES IF VIOLATION OCCURS AGAIN:

For a second classification II finding by the review board in a 24 month period a two day suspension without pay shall be imposed.

I have read and understand this warning:

Officer's Signature / Star#

2/17/19  
Date

Supervisor Issuing Warning:

Supervisor's Signature / Star #

02/17/19  
Date